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Parents' Perceptions on Menstruation and Menstrual Hygiene in Kinshasa, Democratic Republic of Congo

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Abstract

Purpose: Effective management of menstrual hygiene is crucial for women's sexual and reproductive health. This study aimed to assess parents' perceptions of adolescent menstruation and menstrual hygiene within households in the Kimbanseke health zone in Kinshasa.

Methodology: This exploratory, descriptive, thematic, and interpretive study utilized semi-structured interviews with 6 mothers and 6 fathers in the zone.

Findings: The findings revealed that menstruation remains a taboo subject within the community of Kimbanseke, with its management often shrouded in secrecy in many of the surveyed households. The factors significantly influencing women's menstrual health were largely societal in nature. Both mothers and fathers reported being aware of various beliefs and myths surrounding menstruation. These beliefs were subsequently passed down to their children, perpetuating silence and reinforcing taboos about menstruation.

Unique Contribution to Theory, Policy and Practice: There is a clear need to integrate parental education and training into policies aimed at promoting menstrual hygiene. Parents play a critical role in shaping their daughters' behaviors and practices concerning menstruation and menstrual hygiene, making their involvement essential to improving menstrual health education.

Keywords: *Perception; Menstruation; Menstrual Hygiene, Parents, Adolescents.*

1.Introduction

Menstruation is a natural, healthy, and periodic biological process that occurs in women from puberty until menopause, during which the uterus sheds blood and cells from the inner uterine lining (endometrium) through the vagina [[American Academy of Pediatrics, 2006](#)]. Proper management of menstrual hygiene and health is essential for women's sexual and reproductive well-being. This relies primarily on knowledge about menstruation and the adoption of favorable behaviors and practices for effective management [[Simon et al.,2023](#)]. However, menstruation remains a taboo topic surrounded by numerous myths in many cultures worldwide, especially in developing countries [[Thomas, 2018](#)].

In sub-Saharan Africa, particularly within patriarchal societies, menstruation is rarely discussed within families or communities, as it is often subject to sociocultural beliefs that associate it with impurity, contamination, or dirtiness [[ONUfemmes, 2015](#)]. As a result, conversations about menstruation are either prohibited, limited, or simply not addressed openly. Menstruators may face social constraints, such as restricted access to certain environments during menstruation, including kitchens, places of worship, fields, water sources, or sanitary facilities. Additionally, they may be excluded from specific daily activities, such as cooking, studying, eating with family members, or even sleeping in their own beds. Consequently, women often experience menstruation with a clear sense of discomfort due to discrimination or stigmatization [[Umeora and Egwuatu, 2008](#)]. Additionally, many women lack reliable information necessary for the proper management of menstrual health [[UNICEF Niger, 2015](#)]. This misinformation influences the attitudes, practices, and behaviors they adopt during menstruation, which can have detrimental effects on their sexual and reproductive health.

In the Democratic Republic of Congo, knowledge about menstruation, often linked to the taboo surrounding sexuality, is typically transmitted through an intergenerational dynamic—primarily from parents to children, usually from mother to daughter and sometimes from father to son. The information passed down to younger generations, particularly to girls, shapes their experience and management of menstruation in various ways. To understand the beliefs and concepts imparted to the younger generation on these topics, this study aimed to assess parents' (mothers' and fathers') perceptions of menstruation and menstrual hygiene for adolescents within households in the Kimbanseke health zone, a semi-urban zone in the eastern part of Kinshasa.

2. Materials and Methods

2.1. Study Setting:

This study focused on the Kimbanseke Health Zone (KHZ) in the city-province of Kinshasa, Democratic Republic of Congo (DRC), which comprises 35 health zones (HZs). In the DRC, the healthcare system is organized into health zones that function as operational units. Each health zone is a defined geographic area within an administrative district, typically covering a population of about 100,000 to 150,000 in rural areas and 200,000 to 250,000 in urban areas. Health zones

are further divided into Health Areas (HAs) and include essential facilities such as Health Centers (HCs) and General Referral Hospital (GRH) [[Provincial Division of Health of Kinshasa, 2016](#)].

The KHZ is a semi-urban zone in the eastern part of Kinshasa, spanning 15 square kilometers with an estimated population of 325,789. Due to low purchasing power and income levels, the population primarily engaged in vegetable farming—faces considerable challenges in accessing basic social services, including healthcare, education, and nutrition [[MPSMRM, MPH-DRC and ICF International, 2014](#)].

2.2. Study Participants

This study targeted parents of adolescents who had started menstruating and were residing in the Kimbanseke Health Zone. Using a qualitative approach, with no predefined sample size at the study design stage, data saturation was employed to ensure the reliability of data collection [[Holton 2010](#)]. A total of six heterosexual parent couples (fathers and mothers) participated in interviews conducted at different times and locations. Mothers were recruited for interviews during their visits to the Kimbanseke Pierre Focom Hospital (GRH), and a home visit was scheduled the following day for these interviews. The mothers then facilitated contact with their husbands, whose interviews were conducted the day after the mothers'. The inclusion criteria for participants included availability, fluency in Lingala or French, and residence within the Kimbanseke Health Zone.

2.3. Data Collection

Data collection took place from February 1 to March 1, 2020. Semi-structured interviews, conducted in participants' homes, served as the primary data collection technique. These interviews were conducted in either French or Lingala and were recorded with a Dictaphone to prevent data loss. On average, each discussion lasted 45 minutes. The interview guide included a structured section to capture respondents' socio-demographic characteristics. A pre-test was conducted a few days prior to data collection, allowing for adjustments based on observed findings. As a result, questions were simplified and clarified to facilitate participant understanding, and the guide was reorganized to ensure a smoother, more coherent flow. Additional questions were included to gather more comprehensive information. This study is a qualitative, thematic, descriptive, and interpretative exploration aimed at understanding parents' perceptions of menstruation and menstrual hygiene within the family setting. Through separate semi-structured interviews with mothers and fathers, the study explored parental knowledge, attitudes, and socio-cultural beliefs surrounding menstruation, with the aim of identifying elements of the educational legacy passed on to children. This design, focusing on parent-child relational dynamics, was motivated by the sociological view that notions related to adolescent sexuality are often transmitted within households typically from mothers to daughters and fathers to sons.

Qualitative research offers the advantage of providing participants with a platform to share their experiences in depth, highlighting aspects they consider important, which may not have been anticipated in the study design [[Ribau et al., 2005](#)].

Table 1 below summarizes the main themes identified in this study.

Table 1: Different themes explored in accordance with the respondents' category.

Table 1: Table 1: Different themes tackled in accordance with the respondents' category

Respondents	Sample number	Description
Household mothers 6 (20-49 years old)		<ul style="list-style-type: none"> - Knowledge on menstruation - Attitudes and practices on menstruation - Sociocultural beliefs related to menstruation - Menstrual education (family mothers)
Household fathers (25 years and more)		<ul style="list-style-type: none"> - Knowledge on menstruation - Attitudes vis à vis children (daughters, sons) and their link to menstruation - Menstrual education

2.4. Socio-demographic characteristics of participants

Table 2 and 3 respectively present the socio-demographic characteristics of the participating mothers and fathers.

Table 2: Mothers' sociodemographic characteristics

Code	Age	Level of education	Marital status	Interview duration
MF1	39 years	Lower mid-school	Married	35 minutes
MF2	41 years	Upper mid-school	Married	42 minutes
MF3	49 years	Graduate	Married	48 minutes
MF4	46 years	Lower mid school	Married	36 minutes
MF5	48 years	Lower-mid school	Married	35 minutes
MF6	47 years	Upper mid-school	Married	31 minutes

The median age of mothers was 45 years [39 years-49 years]. One in six mothers had a university degree. All of them were married and lived in a household. The average duration of their interview was 38 minutes.

Table 3: Sociodemographic characteristics of household fathers

Code	Age	Level of education	Marital status	Interview duration
PF1	49 years	Higher education	Married	32 minutes
PF2	53 years	Upper mid-school	Married	40 minutes
PF3	48 years	Lower mid-school	Married	33 minutes
PF4	55 years	Higher education	Married	36 minutes
PF5	49 years	Upper mid-school	Married	38 minutes
PF6	51 years	Upper mid-school	Married	35 minutes

The median age of fathers was 49 years [48 years - 53 years]. One out of three fathers had a university degree. All of them were married and lived in a household. The average duration of their interview was 28 minutes.

2.5. Data Processing and Analysis

The audio recordings were fully transcribed in French in a Word document, with non-verbal cues (such as silence, hesitation, and laughter) noted during the interviews. To ensure anonymity, codes were assigned to each respondent: 'MF' for mothers and 'PF' for fathers. The transcription analysis involved identifying codes, which were then grouped under various themes aligned with the interview guide. Data description and interpretation focused on highlighting similarities and contradictions in respondents' statements and comparing these findings with existing literature.

2.6. Ethical Considerations

This study obtained the required approvals from health authorities in the city of Kinshasa, including specific authorization from the Kimbanseke Health Zone. Participation was entirely voluntary, with no coercion involved. Participants were given all necessary information before signing an informed consent form, which included a confidentiality agreement.

3. Results

The results of this study are organized by themes discussed during interviews with the two respondent groups : mothers and fathers.

3.1. Knowledge of mothers regarding menstruation

- **On the definition and origin of menstruation:**

All participating mothers defined menstruation as a flow of blood in women, with explanations such as:

“It’s a period when a woman experiences blood flow, and it ends with her ovulation...” (MF1).

Their responses revealed an incomplete understanding of menstruation. However, most mothers understood its origins and linked menstruation to the concept of motherhood:

“It’s a natural phenomenon that occurs in a woman to indicate that one day she can have children. There is an egg that, if not fertilized during a certain period, sheds and results in menstruation.” (MF2)

“It happens when the follicles mature and burst; this causes menstruation. It occurs when a girl reaches the age of reproduction, and if she’s not careful, she can get pregnant. That’s why, as parents, we have the duty to guide our daughters during this period.” (MF3)

- **On menstrual health education and advice given to children**

All participating mothers agreed that menstruation should be discussed with daughters before their first period to prevent them from feeling unprepared or alarmed. They felt it was the mother’s responsibility to ensure this. The advice given to daughters centered on practicing menstrual hygiene and avoiding interactions with boys. While some mothers also believed it important to discuss menstruation with boys, others considered this less essential :

“Yes, for a girl who hasn’t had her period yet, we educate her so that she doesn’t panic, understands that it’s normal, and knows that if she’s not careful, she could get an infection.” (MF2)

“Yes, I tell them it’s a normal phenomenon that happens once a month, and when it comes, they need to accept it and manage it so they stay clean. They also need to maintain hygiene to avoid infections and stay away from boys.” (MF2)

“I tell my sons to be cautious and protect themselves when they are with girls who have started menstruating, to avoid unwanted pregnancies. So, I talk to them.” (MF3)

“I advise them to stay clean during this time.” (MF1)

“When my daughter got her first period, she was already prepared; every month, I make sure to have disposable pads ready for her. She knows to come to me as soon as her period starts to ask for pads. I prefer that she uses disposable ones.” (MF4)

Mothers also noted that their daughters often felt too embarrassed to discuss menstruation with them.

“When they have their first period, girls feel embarrassed to tell their mothers. But they shouldn’t feel this way, because their mother can guide and support them. Unfortunately, for children, it’s still a shameful topic.” (MF3)

3.2. Fathers’ knowledge about menstruation

- **On the definition and origin of menstruation**

All fathers in the study expressed awareness of menstruation, defining it as a natural phenomenon involving the discharge of blood through the vagina. They attributed this process to women’s

biological readiness for childbearing, with some fathers also noting symptoms associated with menstruation. Here're some illustrations :

"(Hesitates) It's natural; a woman is meant to have her periods as she is made to have children—it's a symbol of fertility." (PF2)

"It relates to the uterus. We were taught that if a woman doesn't get pregnant, the egg, which would normally be fertilized, breaks down and exits as blood through the vagina." (PF5)

- **On Menstrual Health Education and advice given to children**

Many fathers agreed that it is ideal for girls to be informed about menstruation before their first period, although they emphasized that this responsibility primarily falls to their wives.

"The right time is during adolescence, before her periods start, so she's not surprised..." (PF2)

"It's very important; girls today get pregnant early because they're unaware of many things. Unfortunately, they learn from the streets." (PF2)

"In my view, this is the role of their mothers or sisters." (PF3)

"No, this is my wife's responsibility; educating girls is the mother's duty." (PF4)

Most fathers acknowledged that discussing menstruation with their wives and daughters is challenging because they view it as exclusively related to women. Despite recognizing menstruation as a natural phenomenon, many fathers felt that conversations about it should be limited to women and assigned the role of discussing the topic with children to their wives, reinforcing its taboo status.

"I think menstruation concerns only women, and they should discuss it among themselves. It's not a sin or shame; it's a natural phenomenon symbolizing fertility, but (hesitates) women rarely talk about it." (PF3)

"It's part of our culture and the way we were raised. In my Kongo culture, we don't discuss these topics due to taboo; we're reserved, and discussing anything related to sex feels shameful, especially within the family..." (PF6)

3.3. Sociocultural beliefs and taboos associated with menstruation.

- **On the cultural significance of menstruation**

There were various codes used to refer to menstruation, many of which were linked to cultural beliefs. Some respondents mentioned that menstruation was seen as a sign of fertility within their communities.

"In our community, some people crudely refer to it as 'Amoni Sanza,' which is an allusion to the moon." (PF1)

"In my community, menstruation represents fertility. When a woman has her period, it signifies that she is ready to have children and get married. I'm not sure about the specific codes used, but

I recall hearing stories about menstruation when we lived in the village, and I experienced some of those traditions myself.” (PF2)

“Menstruation, I can say, means that a girl has reached adulthood. She’s now capable of conceiving; it’s a precursor to conception. If she’s not careful, she could get pregnant.” (MF3)

- **On the perception of menstrual blood**

Although menstruation is understood as a natural phenomenon, some respondents viewed menstrual blood as impure or soiled.

“In my opinion, menstruation shouldn’t be kept a secret or be a source of shame. It’s not a disease; it’s a natural process. However, when we were in the village, our parents and grandparents taught us that menstruation was impure, meaning that women purified themselves each month through menstruation. I remember that girls in my village weren’t allowed to go to the fields, sometimes couldn’t cook for their husbands, and had to sleep separately. We experienced many things and heard a lot of stories about menstruation. Fortunately, with education, I’ve come to understand that these were false beliefs.” (PF2)

“When I see the blood, I feel defiled. I don’t like it. I perceive it as dirty, and I feel dirty myself, so I constantly change my hygiene products.” (MF1)

- **About restrictions related to menstruation**

The fathers admitted that they refrained from having sexual relations with their wives during their wives’ menstrual periods. Some recalled that, when they lived in the village, girls were prohibited from engaging in activities such as going to the fields, cooking for their husbands, and sleeping in the same bed as their spouses.

As one father explained:

“In my opinion, and even my wife knows this, I am not very comfortable with sexual relations during this period; it’s more about hygiene... But other activities can continue as usual.” (PF3)

It should be noted that most mothers also reported abstaining from sexual relations during menstruation, citing hygiene concerns. Some of them even considered themselves impure to the point of refraining from attending church during their periods.

“The only activity I don’t engage in is sexual intercourse.” (MF1)

- **Religion and Customs:**

In some cultural practices, when a woman menstruates, she is not allowed to cook for her husband, as menstruation is considered a sign of impurity. In certain religions, such as in the Kimbanguist faith, women on their period are also excluded from participating in church services.

As one mother stated:

“When I have my period, I prefer to stay at home; I can go to work, but when it comes to church, I prefer to stay home until it’s over. However, in other religions, like the Catholic Church, they don’t consider it a hindrance.” (MF3)

These beliefs contribute to barriers or obstacles in managing menstruation. Prejudices surrounding menstruation significantly affect the daily lives of women and girls, limiting their autonomy. The persistence of taboos surrounding menstruation results in restrictions on women’s actions and freedoms.

4. Discussion

This study, conducted in the Kimbanseke Health Zone in Kinshasa, Democratic Republic of the Congo (DRC), aimed to explore the perceptions of parents (mothers and fathers) regarding menstruation and menstrual hygiene among adolescents in their households. Research on parents’ perceptions of menstruation remains limited, with most studies focusing primarily on young girls. However, this study stands out by broadening the scope to include both women and men, addressing their knowledge, attitudes, and socio-cultural beliefs related to menstruation. Although exploratory in nature, this qualitative study does have some limitations.

Given that menstruation is a taboo subject, participants may have been hesitant to speak openly due to the sensitivity of the topic in the Congolese context. However, confidentiality during the interviews helped reduce this fear, allowing participants to express their views without inhibition. Nevertheless, it is important to recognize that the findings of this study may not be generalizable and should be interpreted cautiously, as social desirability bias may have influenced participants’ responses. The study reveals that menstruation remains a taboo subject within the community of the Kimbanseke Health Zone, and menstrual management is often kept secret in many of the households surveyed. The factors identified as influencing the menstrual health of women of reproductive age align with those documented in existing literature. These societal in nature, as participants mainly mothers and fathers reported beliefs and myths surrounding menstruation, which are passed down to their children, reinforcing the silence and secrecy around the topic.

- **Regarding parents' knowledge about menstruations**

The study found that all participants had heard of menstruation. Our analysis reveals that both mothers and fathers demonstrated approximately the same level of knowledge about menstruation, which may be attributed to the generally low level of education among most participants.

Regarding the definition and origin of menstruation, all respondents identified it as a discharge of blood from a woman's vagina, though a few referred to it as "dirt" from the blood. These findings align with studies conducted in Senegal, where 88.2% of participants defined menstruation as a blood flow through the vagina, while only 11.8% associated it with "bad blood" [ONU femmes, 2015a; ONU femmes 2015b].

Concerning the origin of menstruation, most respondents recognized it as a natural phenomenon, although a small number still described it as "dirt" from the blood. Similar results were found in

studies conducted in Senegal (2015) and Niger (2015), where 88.2% and 69% of surveyed women, respectively, considered menstruation to be a "normal phenomenon" [ONU femmes 2015a; UNICEF Niger 2015].

In contrast to our findings, [Shah et al. 2019] reported differing results in Gambia, where all study participants were unaware of the origin of menstruation, associating it instead with a "religious phenomenon." However, this perception is not prevalent in the DRC, where socio-religious beliefs do not link menstruation to religious causes. In the DRC, some mothers may advise their daughters to avoid church during menstruation, but this is primarily due to discomfort rather than religious reasons.

- **Regarding menstrual health education**

The study revealed that most participants believed it is ideal for menstrual education to occur before menarche (the first menstruation), with the family being the primary source of information for women regarding their first period. These findings are consistent with a study conducted in Niger [UNICEF, 2013], which also identified the family network as the first source of communication about menstruation, followed by healthcare institutions, teachers, friends, and acquaintances. Interestingly, fathers in our study did not discuss menstruation with their wives or children. This aligns with findings from Niger (2016), where 78% of men surveyed in a particular region reported receiving information about menstruation primarily from healthcare professionals, friends, classmates, colleagues, and awareness campaigns.

- **Regarding attitudes during menstruation**

Our study data revealed that menstruation remains a largely silent topic. The family is no longer the primary sphere of communication. Mothers noted that their daughters felt too ashamed to talk to them about menstruation, and fathers also reported not discussing the topic with their wives or children. The study also found that coded names were used to refer to menstruation. Similar results were observed in a study conducted in the Equateur province of the DRC [ADMIRE Baseline Study, 2016], where girls also used coded language for menstruation. This could be attributed to the desire to keep the phenomenon a secret.

- **Regarding socio-cultural beliefs surrounding menstruation**

This study revealed that cultural beliefs are closely associated with menstruation, and these beliefs form the basis of the silence surrounding discussions on the topic. All participants in our study linked menstruation to the ability to conceive, a perception similar to findings in a study conducted in Cameroon, where participants also associated menstruation with motherhood [ONU femmes 2015b].

Regarding the perception of menstrual blood, some respondents in our study described it as impure, dirty, or a form of pollution. Similar views have been reported in other studies [UNICEF Niger, 2015 ; UNICEF 2013]. The restrictions related to menstruation observed in our study were closely tied to these perceptions of menstrual blood. Women indicated that while there were no

explicit prohibitions, they self-imposed certain restrictions on activities such as sexual relations and sports during menstruation. Men, on the other hand, mentioned prohibitions, particularly abstaining from sexual relations with their wives. Muslim respondents specifically noted additional restrictions, such as prohibitions on cooking and sexual intercourse. However, our study participants did not report any instances of social exclusion or isolation related to menstruation. Contrasting findings were reported in a study in Niger (2013), where socio-cultural beliefs led to forced isolation or stigmatization of menstruating women.

5. Conclusion

This study, conducted among women and men in the urban-rural health zone of Kimbanseke in Kinshasa, highlights the importance of integrating parental education and training into policies aimed at promoting menstrual hygiene. Parents play a crucial role in shaping behaviors and practices that support menstruation and menstrual hygiene in their children. The findings of this study offer valuable insights that can contribute to improving menstrual health education. The study paves the way for the development of targeted educational programs for parents, equipping them with accurate and comprehensive information about menstruation and menstrual hygiene. Such programs can better prepare parents to guide and support their children during this critical phase of life. By understanding and addressing parental beliefs and attitudes related to menstruation, we can break the stigma and taboos surrounding the topic, fostering a more open and supportive environment for discussing menstrual health within families.

Moreover, disseminating the study's findings through community feedback sessions, parent meetings in religious settings, interactive radio and television programs, and distributing results to schools can help parents gain a deeper understanding of both the biological and emotional aspects of menstruation. This can encourage them to engage in more open, supportive communication with their children about menstruation.

Expanding this study to a larger sample could mobilize a critical mass of parents to engage in appropriate conversations with their children, helping to demystify the subject and normalize it. Involving fathers in discussions about menstruation is key to breaking stereotypes, promoting gender equality, and fostering empathy and open communication on sensitive issues.

In conclusion, leveraging parental influence on behaviors related to menstruation and menstrual hygiene can significantly enhance education, communication, and support, ultimately leading to healthier attitudes and practices regarding menstruation for both girls and boys.

Conflict of interest

None

Contributions:

GVN

(i) Made a substantial contribution to the concept and design, and interpretation of data,

- (ii) Revised the article critically for important intellectual content,
- (iii) Approved the version to be published.

BNM

- (i) Made a substantial contribution to the acquisition of data, analysis and interpretation of data,
- (ii) Drafted the article,
- (iii) Approved the version to be published.

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